

U.S. Preventive Services Task Force Issues Draft Recommendation Statement on Medication Use to Reduce Risk of Breast Cancer

Clinicians should offer risk-reducing medications to women at increased risk for breast cancer and at low risk for adverse medication effects

WASHINGTON, D.C. – January 15, 2019 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement and draft evidence review on medication use to reduce risk of breast cancer. Based on its review of the evidence, the Task Force recommends that clinicians offer to prescribe risk-reducing medications to women who are at increased risk for breast cancer and at low risk for adverse medication effects. **This is a B recommendation.** For women who are not at increased risk for breast cancer, the Task Force recommends against the routine use of risk-reducing medications. **This is a D recommendation.** This recommendation does not apply to women who have a current or previous breast cancer diagnosis.

Grades in this recommendation:

B: Recommended.

D: Not recommended.

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Breast cancer is the second leading cause of cancer death in women after lung cancer. An estimated 1 in 8 women will develop breast cancer at some point in their lifetime. The Task Force reviewed evidence on medications for reducing the risk of breast cancer in women.

“Too many American women and families are faced with the challenge of dealing with a breast cancer diagnosis,” says Task Force member Michael J. Barry, M.D. “Women who are at increased risk for breast cancer should be offered medications that can help reduce that risk.”

The Task Force found that medications, such as tamoxifen, raloxifene, or aromatase inhibitors, can reduce a woman’s chance of developing invasive breast cancer. However, these medications can also lead to serious harms, some of which may be life threatening. The likelihood of experiencing these harms depends on a woman’s individual risk factors.

“When deciding whether or not to offer medications, clinicians should carefully consider their patients’ risk factors for breast cancer and balance these against the potential harms from the medications,” says Task Force member Carol M. Mangione, M.D., M.S.P.H. “These medications are not for everyone, and for women who are not at increased risk of breast cancer, the harms of these medications are likely to outweigh the benefits.”

While there are several ways to help determine a woman’s risk, there is no clear-cut, one-size-fits-all method that has been proven to be totally accurate. Clinicians can use one of several risk assessment tools or look at combinations of a few key risk factors, like older age, prior diagnosis of a breast abnormality, and a family history of breast cancer. Women who are concerned about their risk for breast cancer should talk to their clinician about their level of risk and if a medication is right for them.

This draft recommendation is consistent with the Task Force’s 2013 final recommendation, with the addition of aromatase inhibitors as a medication for clinical consideration.

The Task Force's draft recommendation statement and draft evidence review have been posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from January 15, 2019 to February 11, 2019 at www.uspreventiveservicestaskforce.org/tfcomment.htm.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Barry is director of the Informed Medical Decisions Program in the Health Decision Sciences Center at Massachusetts General Hospital. He is also a professor of medicine at Harvard Medical School and a physician at Massachusetts General Hospital.

Dr. Mangione is the chief of the Division of General Internal Medicine and Health Services Research, Professor of Medicine and Public Health and the Barbara A. Levey, MD, and Gerald S. Levey, MD, endowed chair in medicine at the David Geffen School of Medicine at the University of California, Los Angeles.

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